PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 1789or Fax (571)-273-2885 REPLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 03/23/2006 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Bradley N. Ruben, PC Suite 5A 463 First Street (Depositor's name) Hoboken, NJ 07030 06/29/2006 SHASSEN2 00000016 10660877 (Signature) (Date) 2006 700.00 OP 01 FC:2501 CONFIRMATION NO. ATTORNEY DOCKET NO. FIRST NAMED INVENTOR APPLICATION NO. FILING DATE 6949 132GB-001A George Bonar 09/12/2003 10/660,877 TITLE OF INVENTION: REMOVABLE HEADLAMP FOR A VEHICLE 1 1 100 1 DATE DUE TOTAL FEE(S) DUE **PUBLICATION FEE ISSUE FEE** SMALL ENTITY APPLN. TYPE 06/23/2006 \$700 \$0 \$700 **YES** nonprovisional **CLASS-SUBCLASS ART UNIT EXAMINER** 362-183000 2875 NEGRON, ISMAEL 2. For printing on the patent front page, list Bradle N. Ruben 1. Change of correspondence address or indication of "Fee Address" (37 (1) the names of up to 3 registered patent attorneys CFR 1.363). or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4b. Payment of Fee(s): 4a. The following fee(s) are enciosed: A check in the amount of the fee(s) is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. ☐ Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502144 (enclose an extra copy of this form).

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Typed or printed name

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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La. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

5. Change in Entity Status (from status indicated above)